

Current Issues in Substance Abuse Treatment Research

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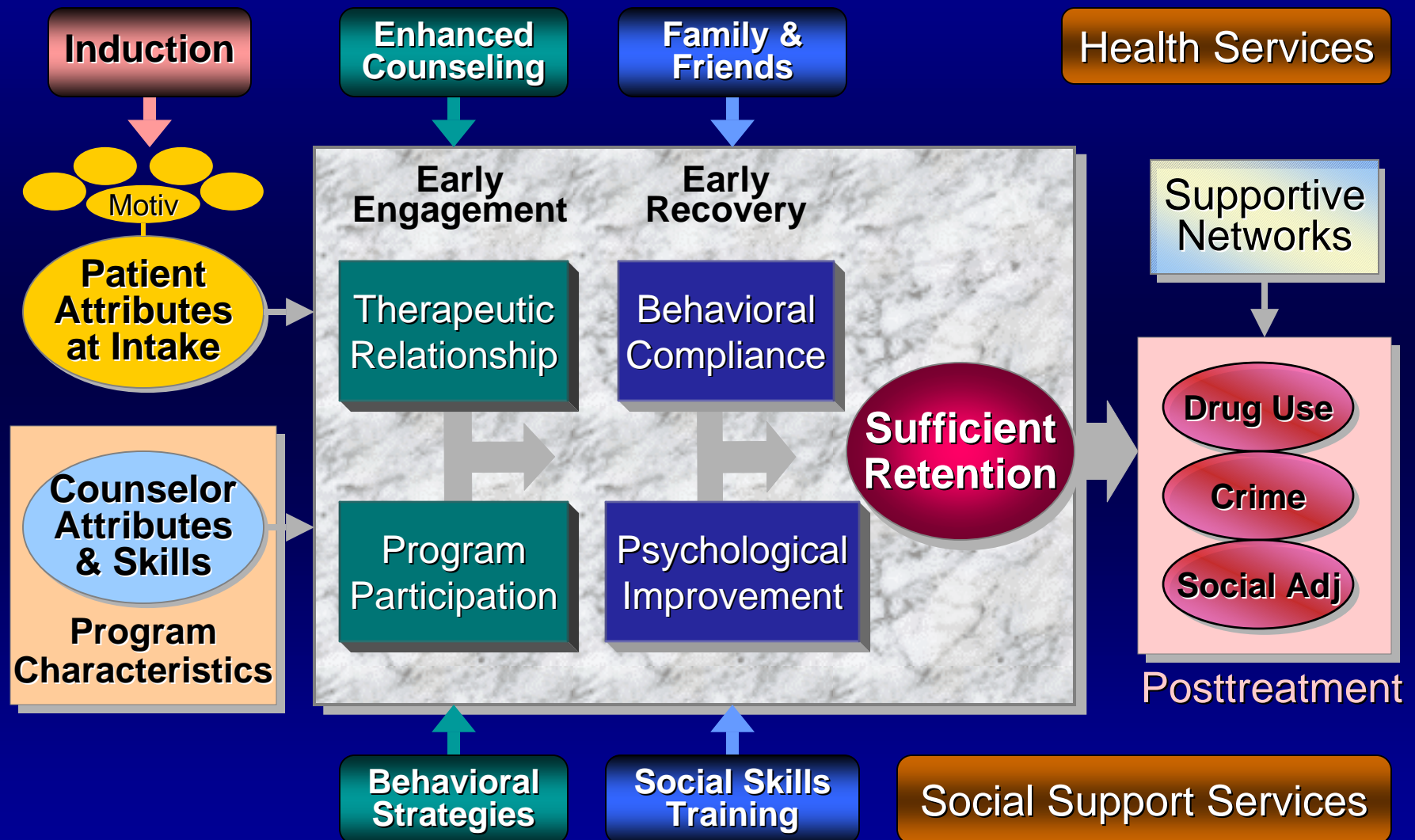
The Challenge

- What is the state of knowledge on the effectiveness of substance abuse treatment (SAT) and how does it relate to families who are involved with the child welfare system?
- What has been learned from large-scale evaluation studies and smaller-scale studies of specialized treatment for pregnant/parenting women?
- What are promising treatment/intervention models for blending/integrating services?
- What are the current critical issues on researchers' agendas and future directions?

National Studies on Effectiveness of Substance Abuse Treatment

		Intake		
Agency	Study	Years	Sample Size	No. of Programs/ Sites
NIDA	Drug Abuse Reporting Program (DARP)	1969-72	44,000	139 programs
NIDA	Treatment Outcome Prospective Study (TOPS)	1979-81	11,750	41 programs/ 10 cities
NIDA	Drug Abuse Treatment Outcome Studies (DATOS)	1991-93	10,100	96 programs/ 11 cities
NIAAA	Project MATCH	1991-93	1,726	9 clinical research units
CSAT	National Treatment Improvement Evaluation Study (NTIES)	1993-95	6,593	78 service delivery units/ 16 states
NIDA	Clinical Trials Network (CTN)	1999 – Present	varies by protocol	17 nodes/130 community treatment providers

Evidence-Based Treatment Model

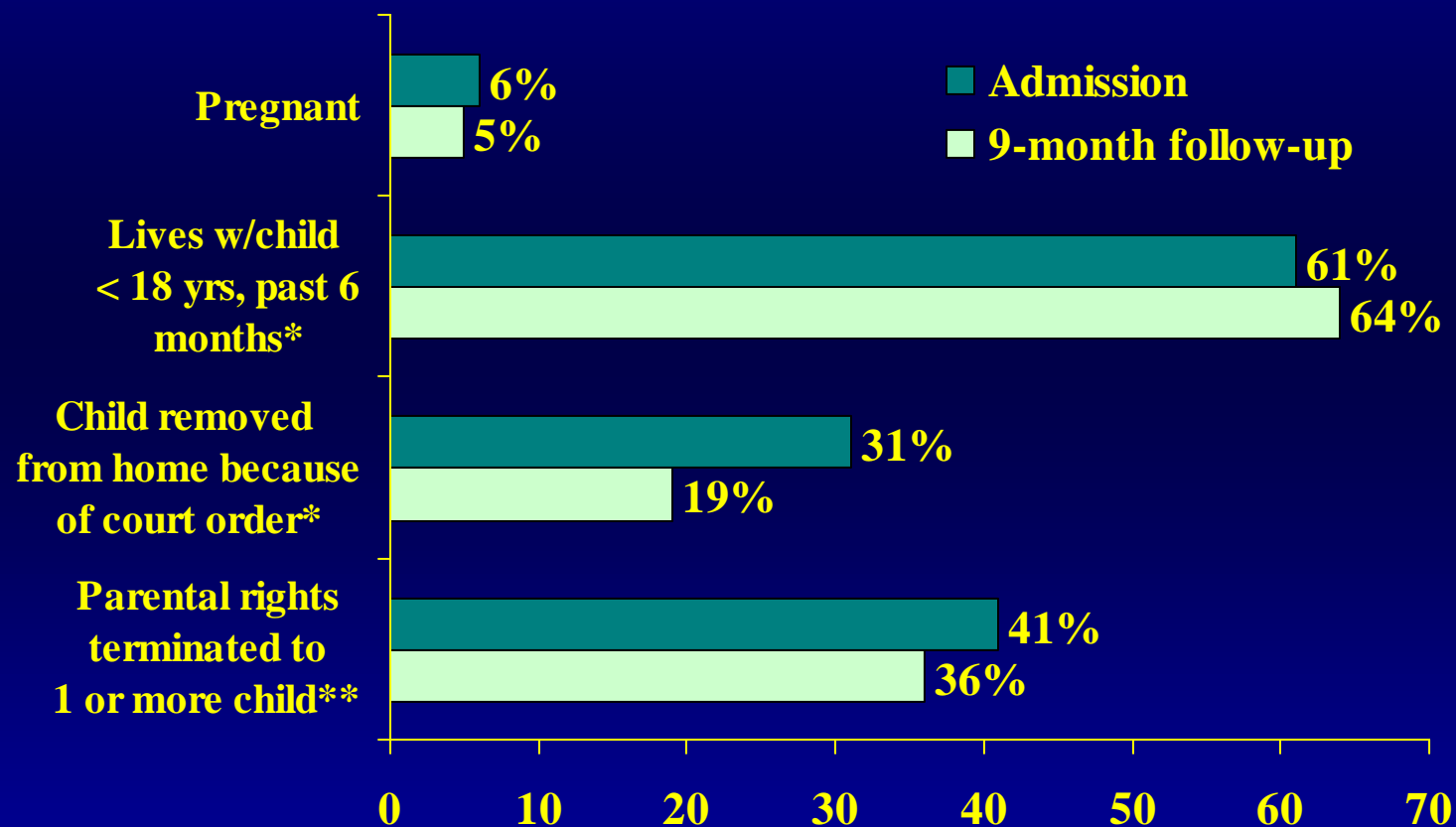


Source: Simpson, 2003

Development of State Outcome Monitoring Systems

Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment	Years	No. of States
Treatment Outcomes & Performance Pilot Studies (TOPPS)	1997-1999	14
Treatment Outcomes & Performance Pilot Studies Enhancement (TOPPS II)	1999-2001	19
Performance Partnership Grants (PPG)	Under Review	All

Findings from TOPPS II on Pregnancy and Status of Children

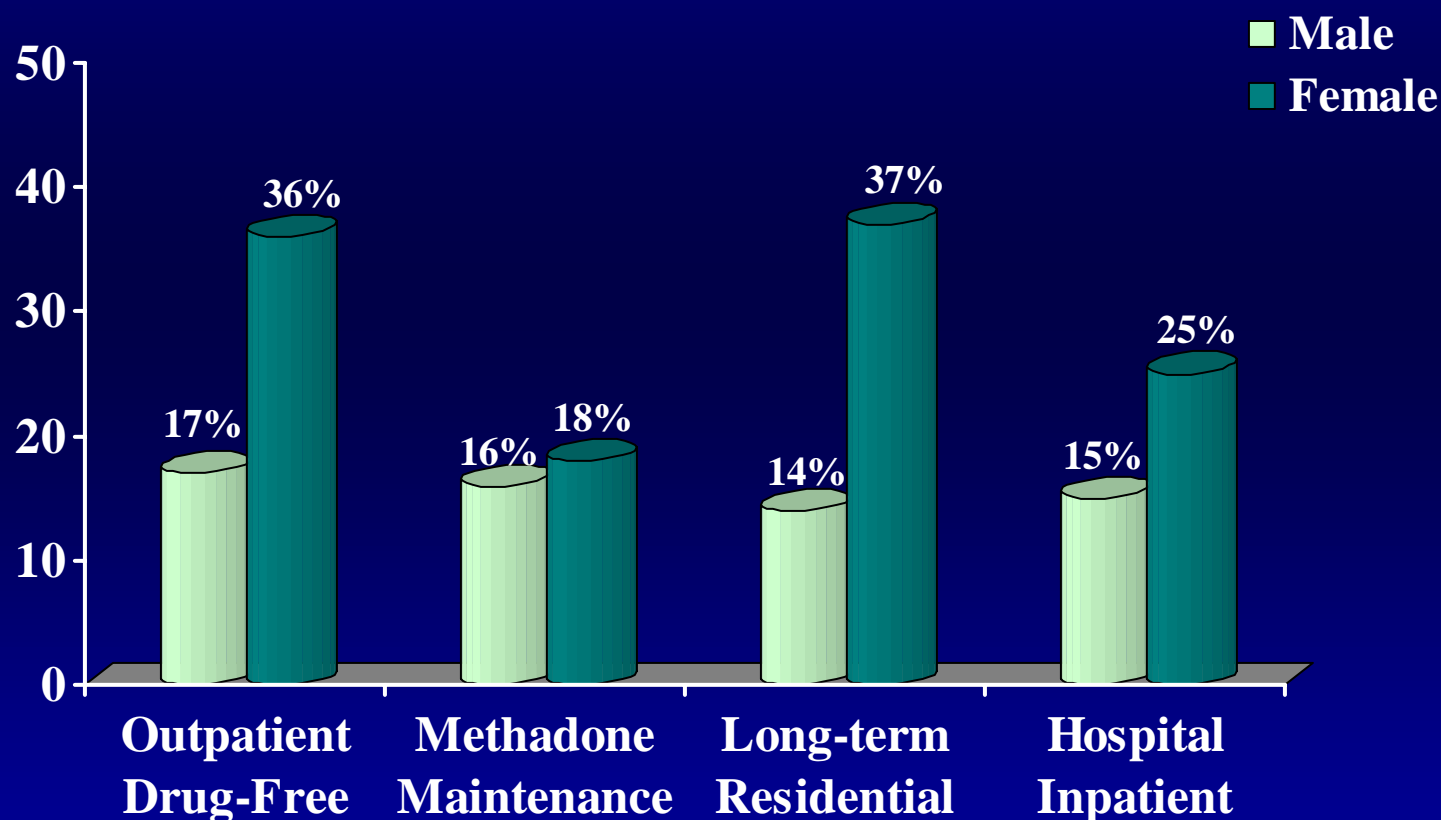


*Among women with children

**Among women who had children removed from home

Note: Findings not controlled for sample attrition from follow-up and missing cases

“Participation in Drug Treatment will Affect Child Custody” in DATOS*



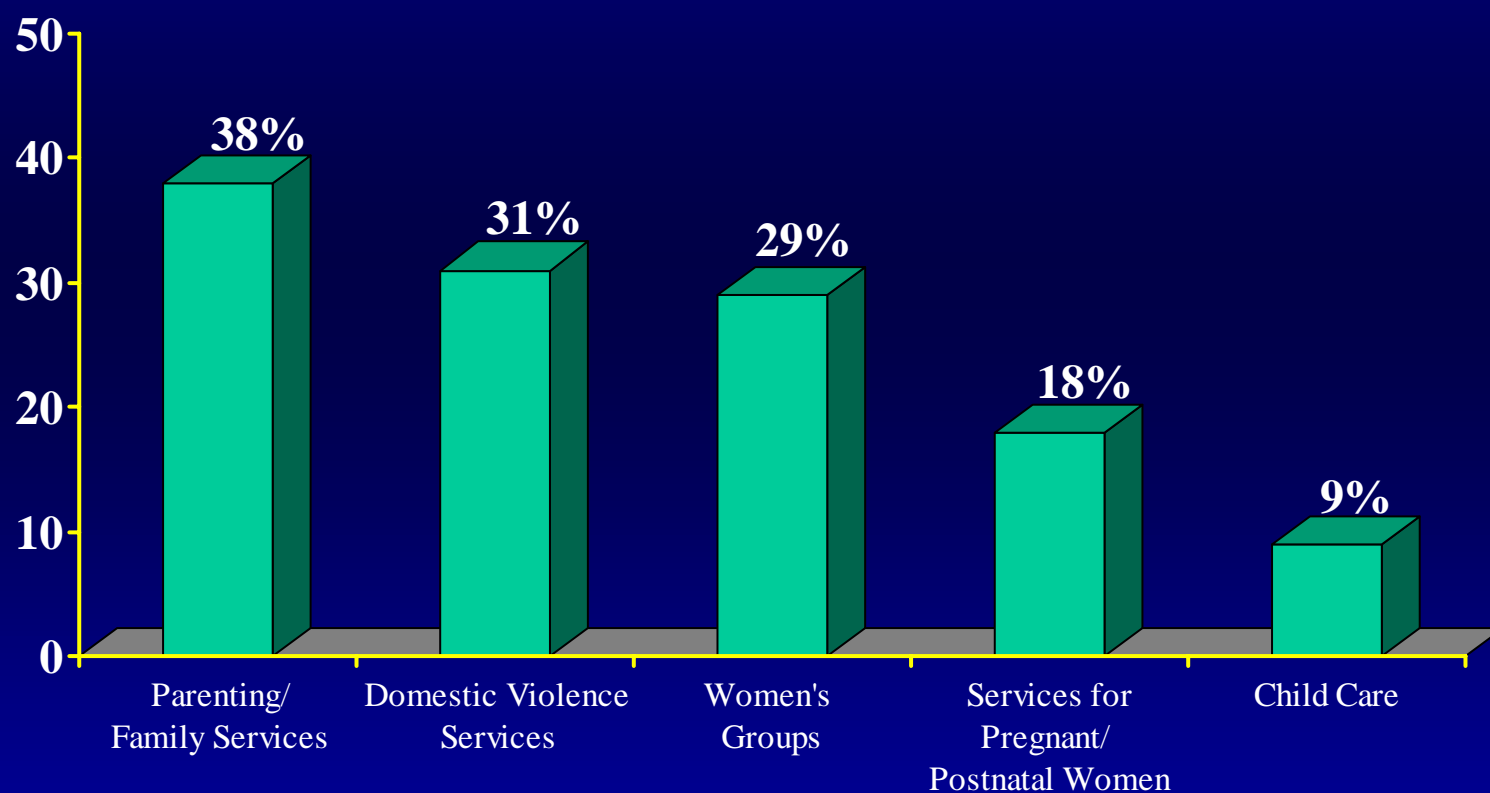
*Time frame is at treatment admission, 1991-93

Characteristics of Individuals with Child Custody Issues in DATOS

Having child custody issues was associated with:

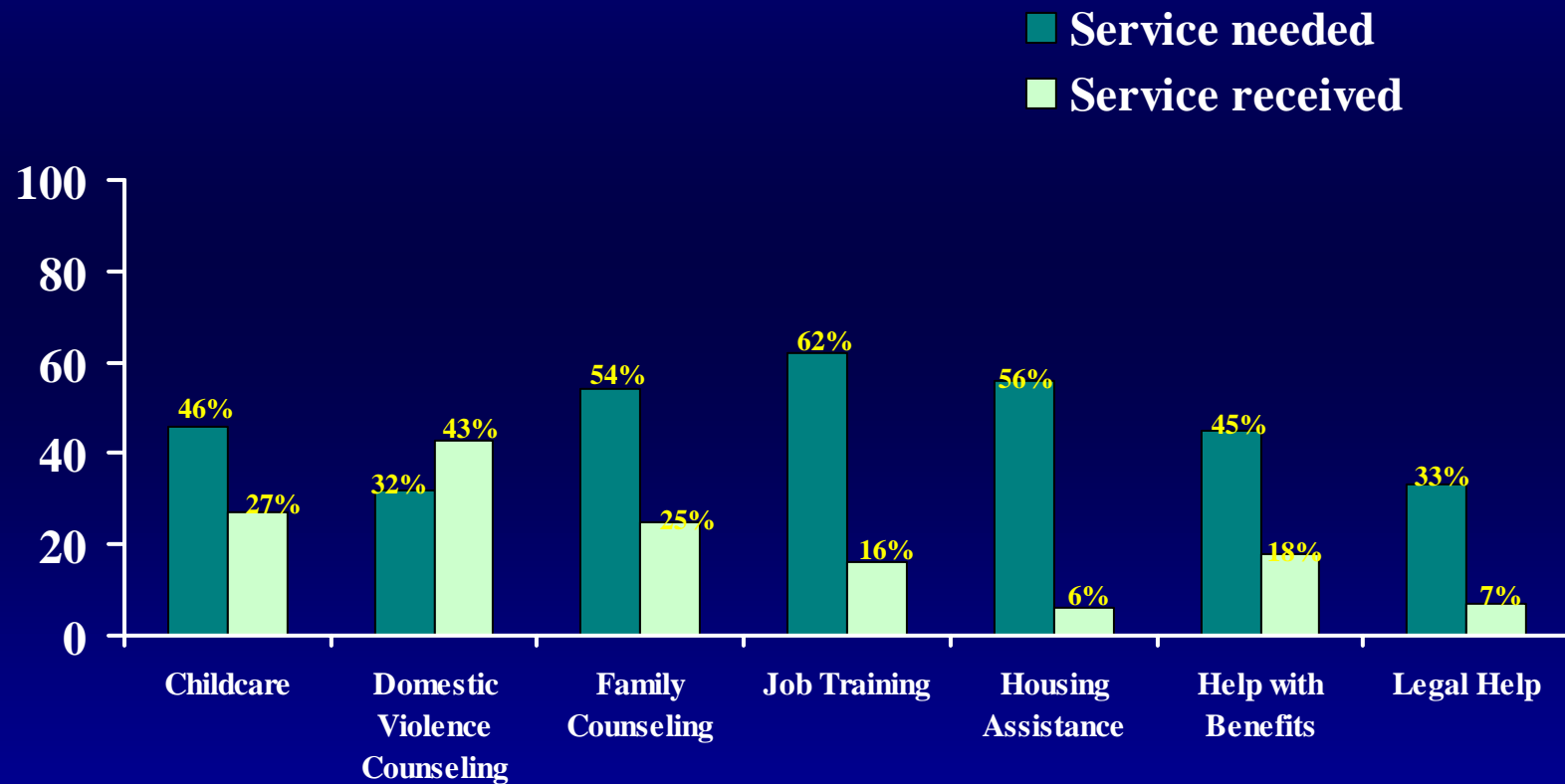
- ▶ Being African American
- ▶ Having less than HS degree
- ▶ Being referred by community agency
- ▶ Receiving public assistance
- ▶ Having prior drug treatment
- ▶ Being unemployed
- ▶ Being on parole
- ▶ Having unstable shelter
- ▶ Reporting current physical and/or sexual abuse
- ▶ Having multiple psychiatric disorders
- ▶ Engaging in illegal activity

Services Provided in Substance Abuse Treatment Programs



Source: Grella & Greenwell, 2003; Based on Uniform Facility Data Set, 1998

Services Needed & Received Among Women in SAT and CWS (N = 183)



Source: Smith & Marsh, 2002

Services Needed & Received Related to Treatment Outcomes

- Bivariate analyses showed that:
 - ▶ Matched counseling services (i.e., domestic violence, family) were associated with less substance use at 24-month follow-up
 - ▶ Matched ancillary services (i.e., housing, job training, legal) were associated with higher client satisfaction
- Multivariate analyses controlling for client characteristics showed that the total number of services received had a stronger impact on outcomes than degree of service matching

Development of Specialized Treatment Programs for Women

- Interest in specialized substance abuse treatment for women was stimulated in the 1970s by feminism – how women's AOD use differs from men's
 - ▶ Etiology
 - ▶ Epidemiology
 - ▶ Social influences
 - ▶ Barriers to treatment participation
 - ▶ Treatment needs
- In the 1980s, public concern over crack epidemic lead to increased policy attention and funding for women's drug treatment
- National Pregnancy and Health Survey (1996), sponsored by NIDA

Development of Specialized Treatment Programs for Women, Cont.

- Demonstration programs of specialized SAT for pregnant/parenting women
 - ▶ NIDA “Perinatal-20”
 - ▶ CSAT Residential Women and Children/Pregnant & Parenting Women (RWC/PPW) Program (Clark, 2001)
- Federal block grant funds include 5% - 10% “women’s set-aside” for specialized programs/services
 - ▶ States are “encouraged” (not mandated) to use set-aside to fund women’s services
 - ▶ GAO Report (1991) showed inconsistent implementation of set-aside across states

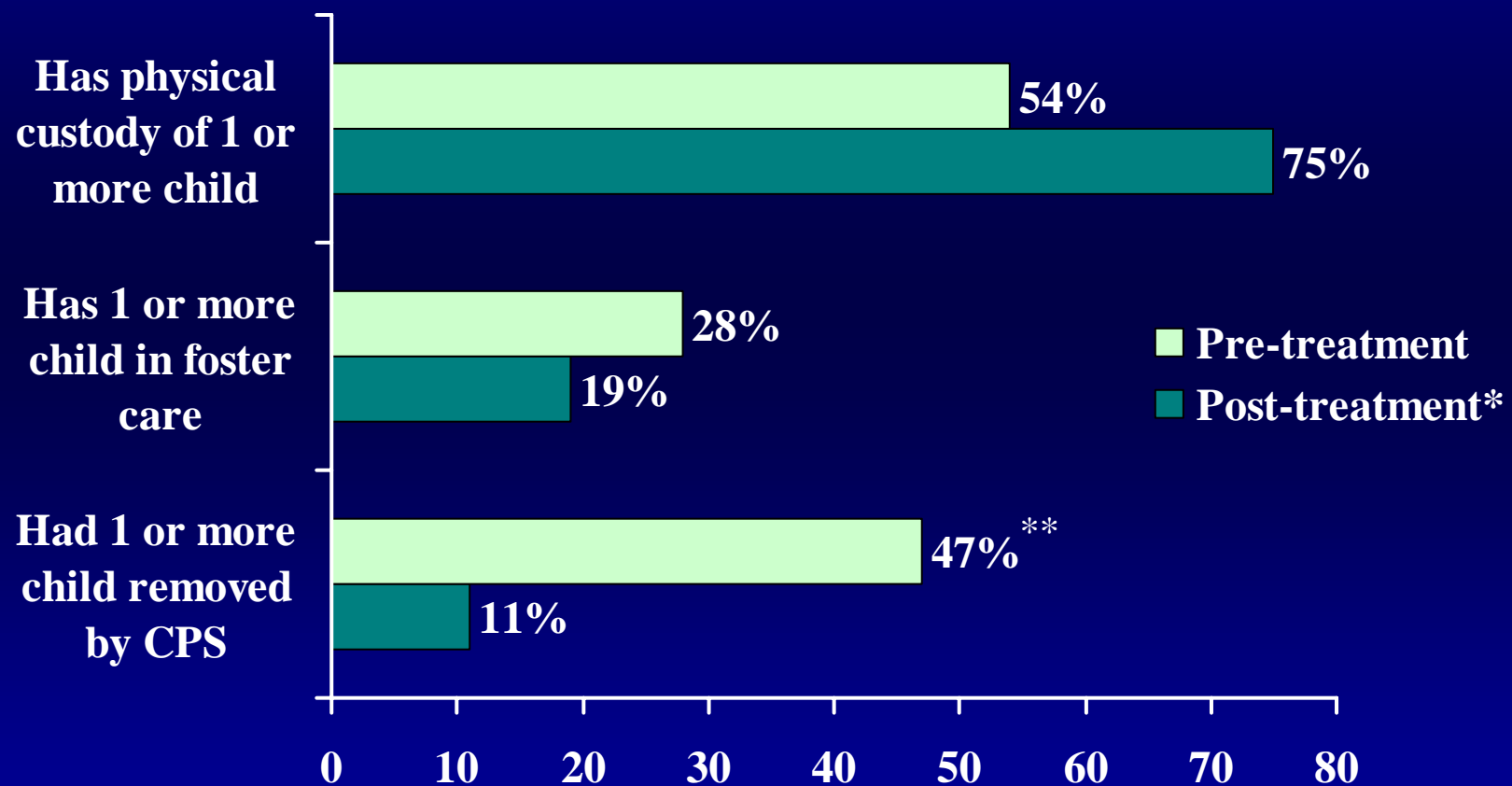
Findings from Studies of Specialized Substance Abuse Treatment for Women

- Treatment retention is greater:
 - ▶ In women-only programs or in programs with higher concentrations of pregnant/parenting women (Grella, 1999)
 - ▶ Longer retention is related to better post-treatment outcomes (Grella, Joshi, & Hser, 2000)
- Treatment outcomes (i.e., abstinence) are improved:
 - ▶ In residential programs with “live-in” accommodations for children (Hughes et al., 1995)
 - ▶ In outpatient programs that provide comprehensive services, e.g., case management, family/parenting services, mental health services, vocational services (Zlotnick et al., 1996; Brindis et al., 1997; Howell et al. 1999; Volpicelli et al., 2000)

Meta Analysis of the Effectiveness of Women's Substance Abuse Treatment Programs

- 34 studies; 3 types of comparisons:
 - ▶ Treatment vs. no treatment
 - ▶ Women-only vs. mixed-gender treatment
 - ▶ Enhanced vs. standard treatment for women
- Positive treatment effects were found for:
 - ▶ Alcohol use, other drug use, criminal activity
 - ▶ Pregnancy outcomes, psychiatric problems
 - ▶ Psychological well-being, attitudes/beliefs, HIV risk reduction

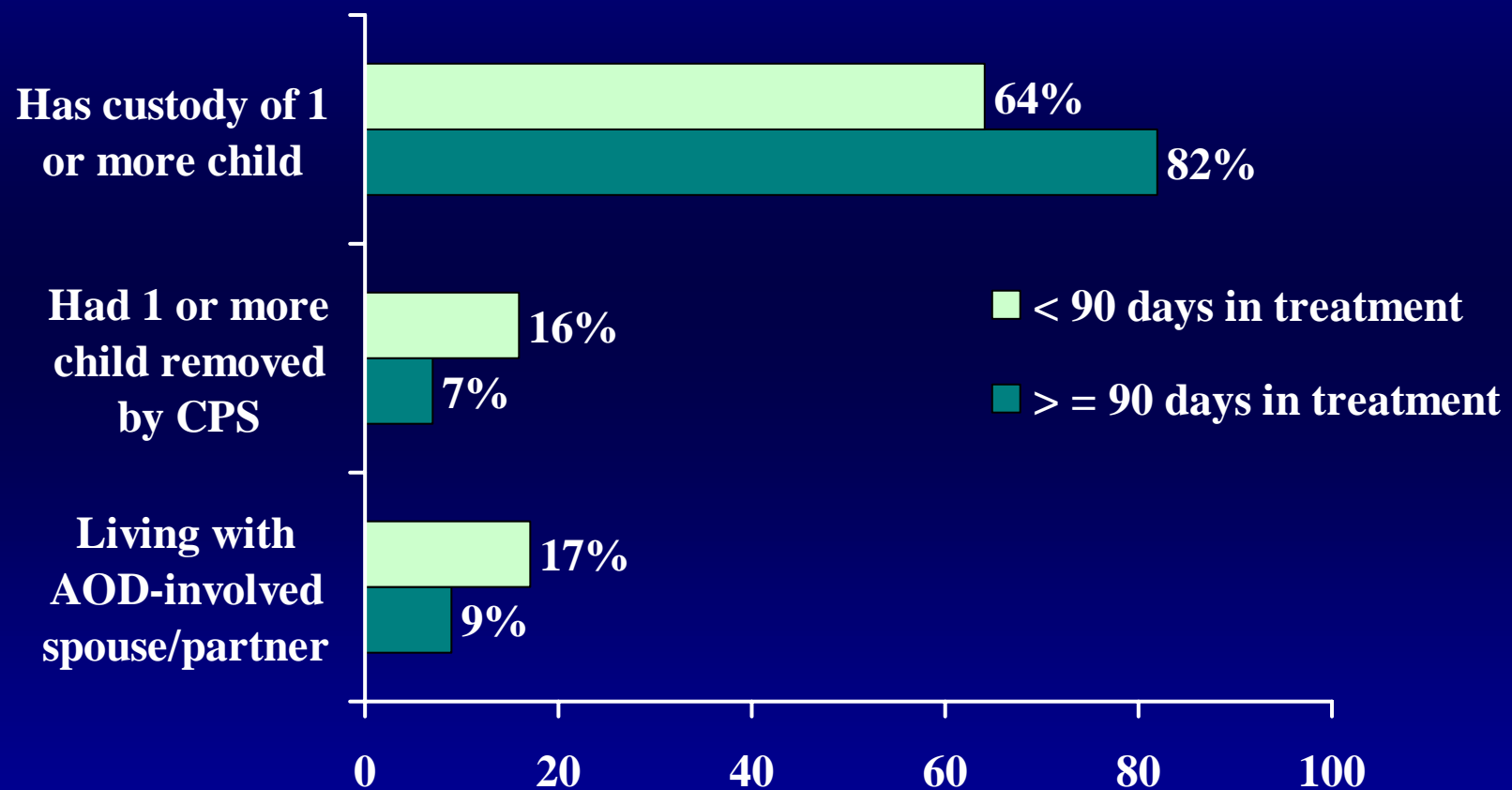
Changes in Child Custody Status Among Participants in CSAT RWC/PPW Programs



*Time frame is 6 months following treatment discharge

** Time frame is ever

Longer Treatment Retention is Associated with Better Outcomes in RWC/PPW Programs*



*Time frame is 6 months following treatment discharge

Comparison of Pregnant Women in Substance Abuse Treatment by CWS Status

- Among pregnant women (N = 678) in SAT in a large, California county:
 - ▶ 46% were white, 24% were African American, 26% were Hispanic
 - ▶ 59% were under legal supervision
 - ▶ 50% = methamphetamine is primary drug; 22% = alcohol, 13% = cocaine/crack, 7% = heroin
 - ▶ 15% were involved with CPS

Comparison of Pregnant Women in Substance Abuse Treatment by CWS Status, Cont.

- Those involved with CPS were more likely to:
 - ▶ Report marijuana (14% vs. 6%), less likely to report cocaine/crack (5% vs. 14%) as primary drug
 - ▶ Be mandated to treatment (65% vs. 24%)
 - ▶ Be treated in day treatment (36% vs. 20%) rather than outpatient (28% vs. 43%)
 - ▶ Have an unsatisfactory treatment discharge (43% vs. 27%)

Options for Recovery: Collaborative Project for PPW in CA

- Collaboration among state agencies: AOD, CPS, health services, social services
- Comprehensive case management, residential and intensive outpatient treatment, perinatal medical care, foster care
- Key evaluation findings (1991-93):
 - ▶ 1/3 of participants mandated to treatment by CJS or CPS
 - ▶ Mandated participants had higher treatment completion vs. voluntary (28% vs. 16%)
 - ▶ Decreased involvement with CPS after treatment (59% to 32%)
 - ▶ Increases in children who lived with mothers (+4%) and reunified with families after foster placement (40%)
 - ▶ Decreased length of time children were in foster placement
 - ▶ Cost savings due to reductions in neonatal care, incarceration, and foster care

Cost-Benefits of Specialized Substance Abuse Treatment for Women

- Higher costs due to more intensive services (primarily medical, mental health) and longer treatment duration
- Recent studies have shown greater benefit-to-cost ratios for pregnant/parenting women treated in:
 - ▶ Residential vs. outpatient programs (Daley et al., 2000)
 - ▶ Specialized vs. standard residential programs (French et al., 2002)
 - ▶ Multi-disciplinary comprehensive treatment program vs. medical treatment-as-usual (Svikis et al., 1997)

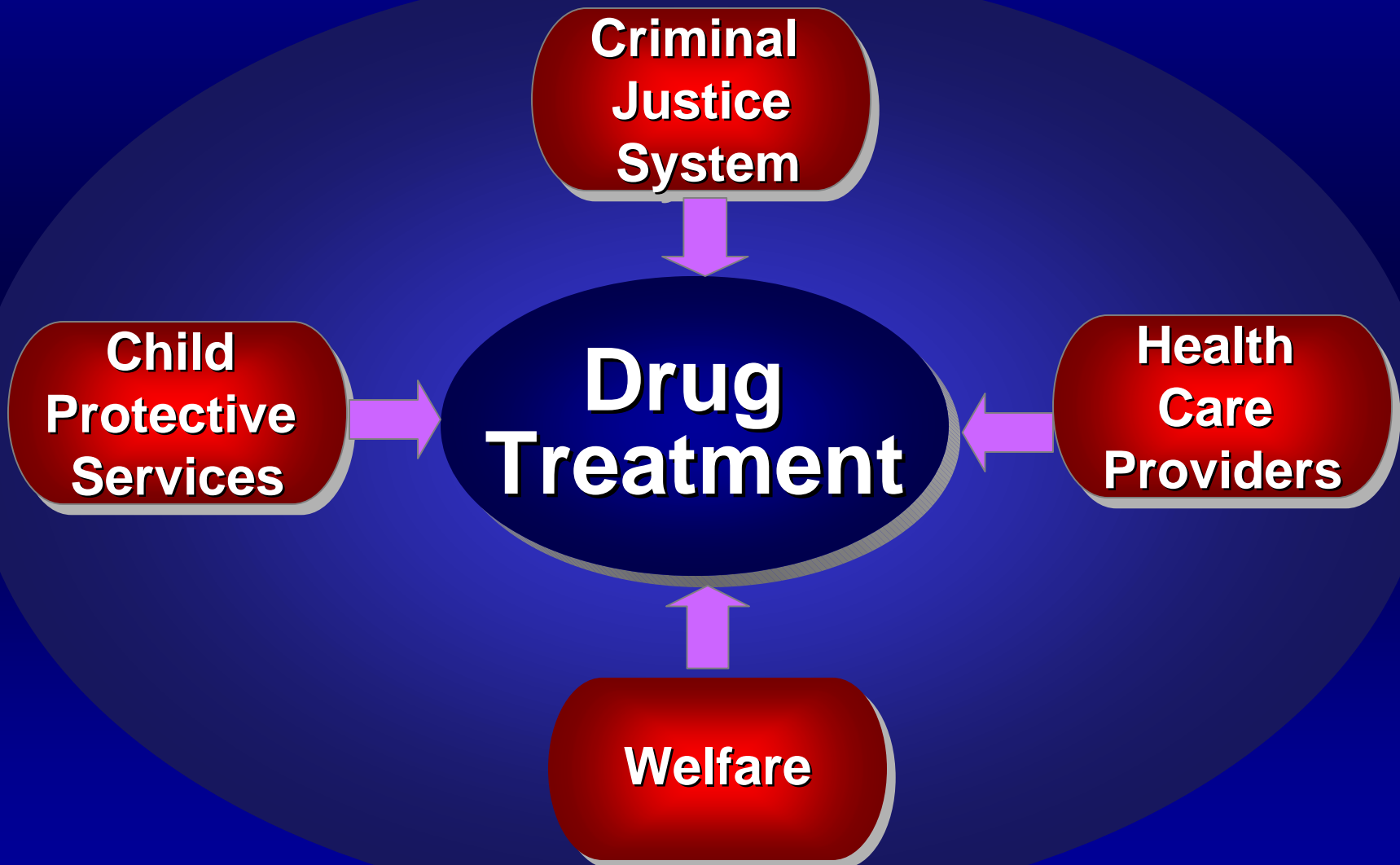
Summary of Substance Abuse Treatment Effectiveness Research

- Large-scale treatment effectiveness research shows reductions in AOD use and improvements in functioning post-treatment
- Outcomes for pregnant/parenting women and children are improved with longer time in treatment and more intensive services
- Women involved with child welfare present a different profile at intake; mixed findings on rates of treatment completion for clients mandated to treatment; few studies examine child custody/parental status outcomes

Service System Issues

- Access to treatment
- Service system co-ordination
- Treatment/intervention models

Pregnant and Parenting Women: Access to Substance Abuse Treatment



Major Policy Initiatives Have Influenced the Provision of Treatment to Women

- **Criminal justice:** changes in drug laws and sentencing policies have increased arrest and incarceration rates of women
- **Health services:** managed care and cost-containment initiatives have reduced length of stay in treatment and service intensity
- **Welfare reform:** mandated screening for AOD abuse and referral for treatment participation
- **Child welfare:** increased emphasis on screening and assessment and coordinated treatment

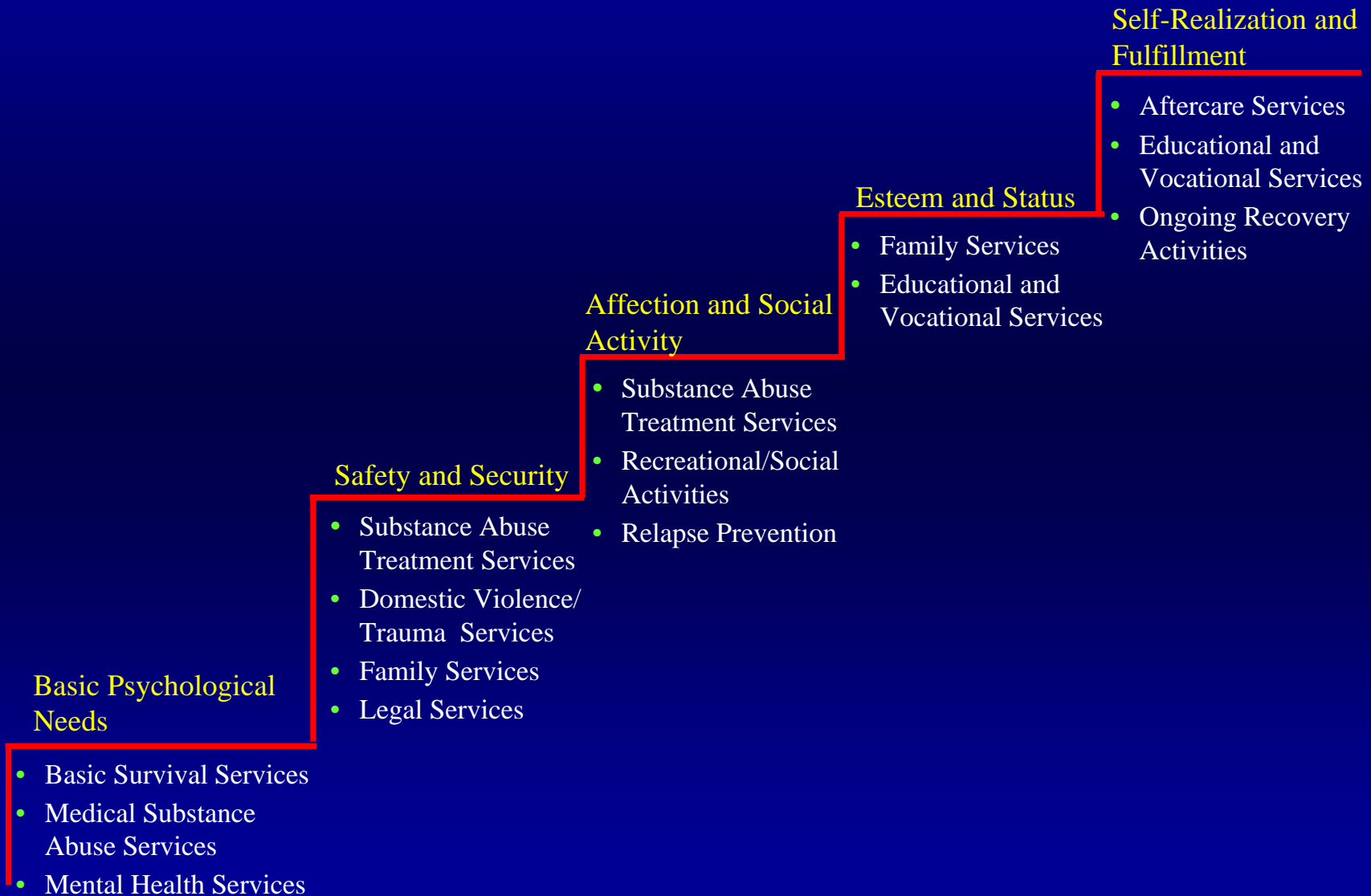
Structural Barriers to Treatment

- Level of impairment must be high to reach treatment through institutional channels
- Lack of treatment availability, particularly in residential programs with capacity for child “live-in” and outpatient programs that provide child care or family-related services
- Lack of co-ordination among substance abuse, health care, criminal justice, and child welfare systems

Parenting Capacity vs. Parenting Behavior of Substance-Abusing Women

- Addicted women have similar capacities for parenting compared with non-addicted women of similar circumstances:
 - ▶ Poverty
 - ▶ History of abuse and trauma
 - ▶ Psychological problems
- Addiction compromises parenting capacities
 - ▶ Preoccupation with use
 - ▶ Allocation of money and resources
 - ▶ Physical and mental health problems
 - ▶ Lack of structure and effective parental authority
- Interventions to strengthen parenting capacities

Model of Community-Based Care for Drug-Dependent Mothers and Children



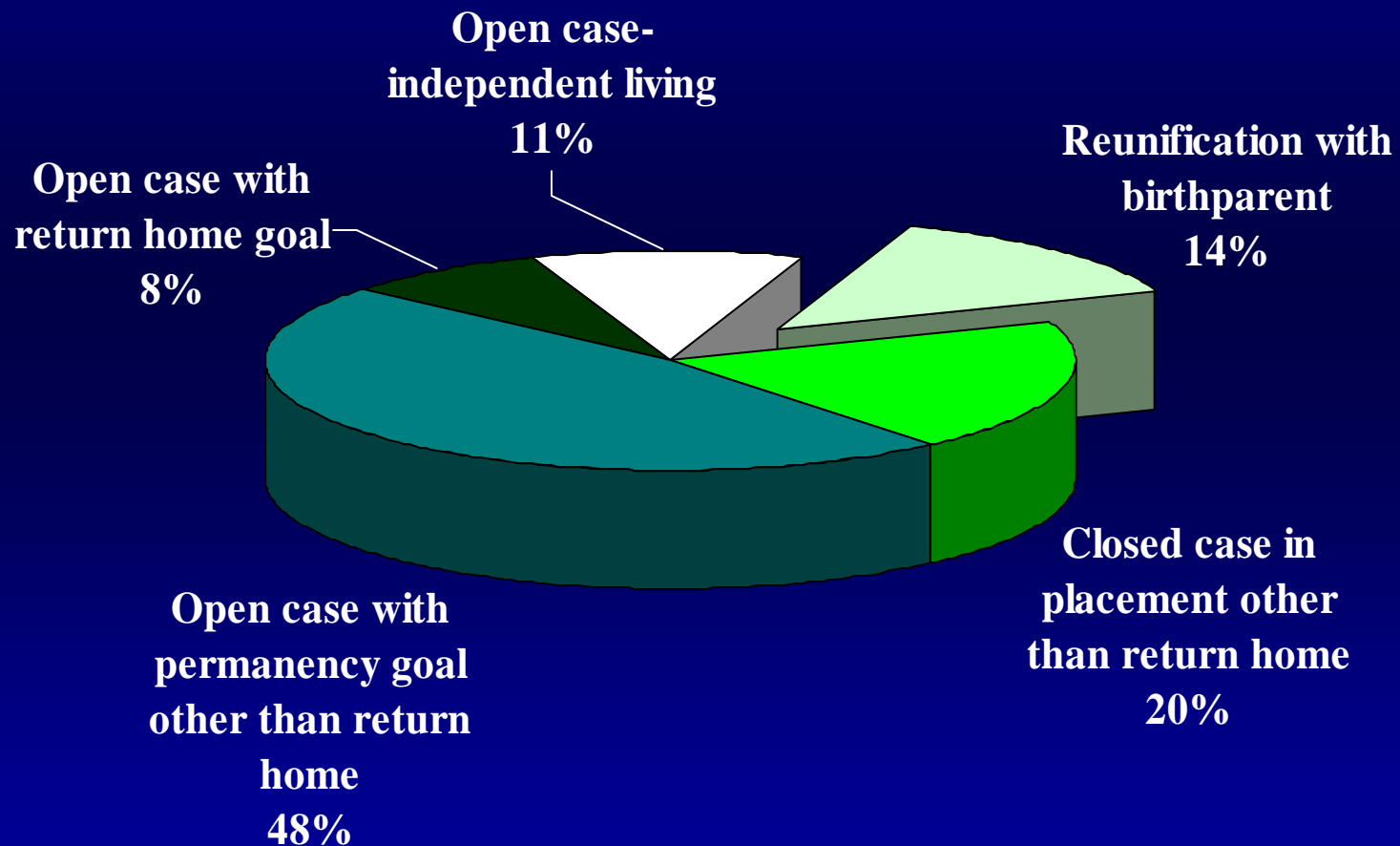
Combining Child Welfare and Substance Abuse Services: A Blended Model of Intervention

- Co-operative, interagency task force between child welfare and substance abuse services in Montgomery County, MD
- **Framework:** stages of change model (Prochaska & Diclemente, 1982) and motivational interventions (Miller & Rollnick, 1991) applied to organizational change
- **Structured Response:** blended intervention model using graduated sanctions or levels of intensity in providing services, engaging client participation, and engendering motivation; co-location of AOD staff
- 4 components:
 - ▶ Philosophy shift
 - ▶ Skills building
 - ▶ Standards and protocols for assessment, referral, and follow-up
 - ▶ Quality assurance in order to achieve treatment and service objectives within designated time frames

Current “Hot” Topics in Substance Abuse Treatment Research

- Shift from focus on prenatal substance abuse and birth outcomes to the “caregiving environment” after birth
 - ▶ Abuse & neglect
 - ▶ Parenting behaviors, attitudes toward parental role
 - ▶ Passive exposure/child endangerment from drug labs
- Systems linkage: CPS, CJS, welfare, health services, mental health
 - ▶ Screening for AOD use across systems
 - ▶ Linkage and referral
 - ▶ Coordination of services
- Child placement outcomes in relation to treatment participation, compliance, and completion

Study of Child Placement Outcomes Among Substance-Involved Parents (N = 159) in Cook County Placement Outcomes of Children* (N = 498)



*Time frame is 21-30 months
Source: Smith, 2003

Predictors of Family Reunification Using Cox Regression Models

- **Control Variables**
 - ▶ Longer time case had been open, placement when child is < 1 year old, and poverty increased time-to-reunification (TTR)
 - ▶ Prior reunifications (RR = 1.9) and non-relative-only placement (vs. mixed) (RR=2.9) reduced TTR
- **Drug Use History**
 - ▶ Substance-exposed infant (SEI) allegation reduced TTR (vs. other allegation) (RR = 2.4)
- **Treatment Compliance**
 - ▶ Drug dependent & completed treatment reduced TTR (vs. dependent and quit or no treatment (RR = 6.6)
- **Ongoing Drug Use by Parent**
 - ▶ Increased TTR (RR = .43)

Predictors of Family Reunification Using Cox Regression Models, Cont.

- Parenting Behavior

- ▶ Subsequent SEI allegation or other allegation increased TTR (RRs = .38, .35)
- ▶ Parenting scale = NS

Conclusion: Completing SAT substantially increased rate of reunification independent of ongoing drug use and indicators of high-risk parenting

Study Strengths: multiple data sources (client survey, case records), child & parent measures, multivariate model with control variables, standardized measures (DSM-III-R for dependence, AAPI, CAPI), intersection of substance abuse treatment and child welfare

Intersection of Child Welfare and Substance Abuse Treatment Systems

Child Welfare

- Developmental needs of child; safety, permanency & well-being of child

Substance Abuse Treatment

- Recovery of substance-involved parent; health and social functioning of the parent

Goal of long-term
“recovery” based on
chronic disease model

Goal of timely
resolution of case outcomes
based on ASFA

Methodological Issues in Substance Abuse Treatment/Child Welfare Research

- Use of common assessments and definitions of problem severity (i.e., use, abuse, dependence)
- Outcomes
 - ▶ Definition (e.g., abstinence vs. decreased use)
 - ▶ Range (parent, child, family)
 - ▶ Source of info (i.e., self-report, drug tests, arrests, administrative records)
 - ▶ Time frame
- Limitations of pre/post research designs, need for controlled studies
- Study attrition due to cases lost to follow-up

Integration of Child Welfare and Substance Abuse Treatment: Future Treatment & Research Issues

- Dual focus on needs of parents (i.e., recovery) and children (i.e., safety, placement)
- Expand definition of “outcomes” to include family functioning
- Examine outcomes in relation to services needed (i.e., medical, parenting, legal, mental health) and received across service systems
- Expand time frame for evaluating outcomes

References

Brindis, C.D., Berkowitz, G., Clayson, Z., & Lamb, B. (1997). California's approach to perinatal substance abuse: Toward a model of comprehensive care. *Journal of Psychoactive Drugs*, 29(1), 113-122.

Brindis, C.D., Clayson, Z., & Berkowitz, G. (1994). *Options for recovery: Final evaluation report: Executive Summary*. San Francisco, CA: UCSF, Center for Reproductive Health Policy Research, Institute for Health Policy Studies.

Clark, H.W. (2001). Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications. *Child Welfare*, 80(2), 179-198.

Daley, M., Argeriou, M., McCarty, D., Callahan, J.J., Shepard, D.S., & Williams, C.N. (2000). The costs of crime and the benefits of substance abuse treatment for pregnant women. *Journal of Substance Abuse Treatment*, 19, 445-458.

French, M.T., McCollister, K.E., Cacciola, J., Durell, J., & Stephens, R.L. (2002). Benefit-cost analysis of addiction treatment in Arkansas: Specialty and standard residential programs for pregnant and parenting women. *Substance Abuse*, 23(1), 31-51.

General Accounting Office. (1991). *ADMS Block Grant: Women's set-aside does not assure drug treatment for pregnant women*. (Report No. GAO-T-HRD 91-37). Washington, DC: Author.

References, Cont.

Grella, C.E. (1999). Women in residential drug treatment: Differences by program type and pregnancy. *Journal of Health Care for the Poor and Underserved*, 10(2), 216-229.

Grella, C.E. & Greenwell, L. (2003). *Substance abuse treatment for women: Changes in settings where women received treatment and types of services provided, 1987-1998*. Manuscript under review.

Grella, C.E., Joshi, V., & Hser, Y.-I. (2000). Program variation in treatment outcomes among women in residential drug treatment. *Evaluation Review*, 24(4), 364-383.

Haack, M.R. (1997). Comprehensive community-based care: The link between public policy and public health. In M.R. Haack (Ed.), *Drug-dependent mothers and their children: Issues in public policy and public health* (pp. 1-28). New York: Springer.

Hohman, M.M., Shillington, A.M., & Baxter, H.G. (2003). A comparison of pregnant women presenting for alcohol and other drug treatment by CPS status. *Child Abuse & Neglect*, 27(3), 303-317.

Howell, E.M., Heiser, N., & Harrington, M. (1999). A review of recent findings on substance abuse treatment for pregnant women. *Journal of Substance Abuse Treatment*, 16(3), 195-219.

Hughes, P.H., Coletti, S.D., Neri, R.L., Urmann, C.F., Stahl, S., Sicilian, D.M., & Anthony, J.C. (1995). Retaining cocaine-abusing women in a therapeutic community: The effect of a child live-in program. *American Journal of Public Health*, 85, 1149-1152.

References, Cont.

McAlpine, C., Marshall, C. C., & Doran, N. H. (2001). Combining child welfare and substance abuse services: A blended model of intervention. *Child Welfare*, 80(2), 129-149.

National Institute on Drug Abuse (1996). *National pregnancy & health survey: Drug use among women delivering livebirths: 1992* (NIH Publication No. 96-3819). Washington, DC: U.S. Department of Health and Human Services.

Orwin, R., Francisco, L., & Bernichon, T. (2001). *Effectiveness of women's substance abuse treatment programs: A meta-analysis* (NEDS Analytic Summary Series No. 21). Fairfax, VA: Caliber Associates.

Simpson, D.D. (2003). *A conceptual framework for drug treatment process and outcomes: Applications for improving treatment effectiveness*. Manuscript under review.

Smith, B.D. (2003). How parental drug use and drug treatment compliance relate to family reunification. *Child Welfare*, 82(3), 335-365

Smith, B. D., & Marsh, J.C. (2002). Client-service matching in substance abuse treatment for women with children. *Journal of Substance Abuse Treatment*, 22, 161-168.

Svikis, D. S., Golden, A. S., Huggins, G. R., Pickens, R. W., McCaul, M. E., Velez, M. L., Rosendale, C. T., Brooner, R. K., Gazaway, P. M., Stitzer, M. L., & Ball, C. E. (1997). Cost-effectiveness of treatment for drug-abusing pregnant women. *Drug and Alcohol Dependence*, 45(1-2), 105-113.

References, Cont.

Volpicelli, J. R., Markman, I., Monterosso, J., Filing, J., & O'Brien C P. (2000). Psychosocially enhanced treatment for cocaine-dependent mothers: Evidence of efficacy. *Journal of Substance Abuse Treatment*, 18(1), 41-49.

Zlotnick, C., Franchino, K., St. Claire, N., Cox, K., & St. John, M. (1996). The impact of outpatient drug services on abstinence among pregnant and parenting women. *Journal of Substance Abuse Treatment*, 13(3), 195-202.